

lobular congestion predominates. 12. These facts explain why depletion was seldom appropriate in the treatment of what was called lobular pneumonia. [Simple as the process was by which these results were obtained, no one had previously employed insufflation as a means of ascertaining the real nature of lobular pneumonia and carnification of the lung in children. The writer of this report has repeated the experiments of MM. Bailly and Legendre on many occasions, and can fully substantiate the correctness of their statements. An assertion has been made by M. Bouchut, that even true hepatization may be removed by insufflation;* in this, however, he is decidedly wrong. The hepatized portion may sometimes be made to assume a brighter colour, but not to resume the texture of healthy lung, as is the case with lung in the fetal state.] Dr. Posner,† in some remarks on the treatment of pneumonia in childhood, observes that the strictly antiphlogistic treatment suitable to the inflammatory affections of the adult, are no longer appropriate in early life. He applies these observations especially to pneumonia, in the course of which an adynamic stage comes on, requiring the discontinuance of other remedies, and the use of wine and stimulants, for the employment of which he lays down clear and sensible directions.—*West's Report in Brit. and For. Medical Review*, Oct. 1845.

39. *Strychnine in the Treatment of Chorea*.—Prof. TROUSSEAU has treated thirteen cases of chorea with strychnine, ten of them with complete success. He employs the sulphate of strychnine dissolved in syrup, one grain to ʒiijss; of this two and a half drachms are given daily in three doses; and the quantity is every day increased ʒi¼, until itching of the scalp and slight muscular stiffness are observed. The cure is generally completed in one month.

40. *Nocturnal Incontinence of Urine*.—There is no infirmity, the treatment of which is so much influenced by individual peculiarities of constitution, as this. In some cases tonics succeed, while in others, presenting to all appearance quite similar conditions, it is necessary to have recourse to stimulants of the muscular fibre, such as the ergot of rye, and nux vomica; blistering in the latter, cold bathing in the former. Finally, there is a class of cases (which cannot *à priori* be distinguished from others) in which the incontinence can be properly treated only by medicines which appear to act specially upon the bladder, and what is very remarkable, amongst these agents some are evidently sedative, others diuretic, &c. This would induce us to believe that incontinence, though regarded generally as a sign of debility of the bladder, consists sometimes, and this more frequently than is commonly imagined, in an excessive degree of nervous and muscular susceptibility of this reservoir. Success has more than once followed the use of sedatives, camphor, digitalis, nitrate potash, benzoic acid, &c., where tonics and stimulants, which at first appeared to be rationally indicated, have failed.‡

Dr. Morand has long been in the habit of using belladonna, internally, in the nocturnal incontinence of urine in children, and with very satisfactory results. It is, however, in the incontinence from debility, only, that this remedy is of use. Its mode of action he is not able to explain; he gives it in increasing doses, which must be continued sometimes for two, three, or four months in succession: and administers it in pills containing each one centigramme ($\frac{1}{10}$ of a grain) of the extract, beginning with one pill, night and morning, for children between four and six years of age. If no effect be produced at the end of a week, he orders a third pill daily at noon; and, after fourteen days, a fourth, if necessary. With children between eight and fifteen years he begins with three pills, increasing the number as above. If signs of narcotism supervene, the medicine must, of course, be for a time suspended.§

Dr. Berenguer has observed that in his neighbourhood, in the department of Tarn, incontinence of urine is often caused by an obstinate, intractable form of intermittent fever. The children brought to him for treatment were aged between

* Op. cit., p. 317.

† Journ. für Kinderkr., März, 1844.

‡ Journal de Médecine, par Trousseau, Novembre, 1845.

§ Journal für Kinderkrankheiten, December, 1845.

seven and fourteen years. They were anæmic and debilitated. The remedies he found most successful were copaiba, laudanum, and protoxide of iron, made into pills, in the proportion of three parts by weight of the former to six of the latter. Of this mass one pill, weighing from two to three grains, was taken at each meal; and after two or three days an additional one, until the patient came to take ten daily. He found with Trousseau, that iron, particularly in the case of children, deranges the stomach less when taken after than before meals. Along with these *pilulæ balsamica*, an infusion of the *Folia Juglandis* was ordered as a common drink.*—*Battersby's Report in Dublin Quarterly Journal Med. Sc.*, May, 1846.

41. *Pathological Observations on Tubercular Meningitis.* By Dr. HAMERNJK.—Meningeal tubercles are most frequently observed in the meshes of the pia mater, at or near the base of the brain. They are seldom seen to occupy the convexities of the hemispheres. They present themselves in the first instance as small transparent granulations, which eventually become opaque and yellow. As a general rule, meningeal tubercle is a secondary affection, being seldom observed unaccompanied by tubercular deposition in other organs. It is an extraordinary fact, however, that it is rarely seen in conjunction with pulmonary tubercle.

The disease occurs chiefly in children, but may show itself at any period of life. The following are the principal symptoms in the former class of patients:—Pain in the head, fever, vomiting, delirium, painful contractions of the cervical muscles, with contracted and subsequently dilated pupils. There is considerable tension of the abdominal parietes, more particularly in the region of the spleen; the bowels are costive, the pulse is at first slow, but afterwards quick and variable in force. The external appearance of the patient bespeaks the presence of the tubercular diathesis.

The headache, which is principally confined to the forehead, is one of the most constant symptoms, frequently preceding the appearance of the other symptoms by many days, or even weeks. It is sometimes so intense as to render the patient insensible. This pain is not believed by the author to be caused by the presence of tubercular matter itself, but by the hyperæmia and albuminous exudation, which it produces by irritation of the meningeal tissues. The pain is soon followed by fever, either continuous, or, as is frequently the case, of a remittent type. The obstinate vomiting which is sometimes observed is accounted for by the author on the supposition that the origin of the *nervi vagi* are compressed or irritated by the products of the meningeal inflammation. The delirium is moderate at the commencement of the disease, but increases as it progresses, until it is replaced by coma. The painful contractions of the cervical muscles is a constant and very characteristic symptom, and is no doubt to be attributed to the irritation of the nerves at the base of the brain. In order to ascertain the presence of this symptom, the author recommends that the patient's head should be moved from side to side, watching at the same time the expression of his countenance. In some instances the spasmodic contractions extend to various parts of the trunk, giving rise to tetanic or epileptic convulsions.

In the commencement of the disease the countenance is suffused, the eyes injected and acutely sensible to light, and the pupil is contracted. As the disease progresses, the pupil becomes dilated, and vision is frequently entirely abolished. The coma, which in most cases closes the scene, appears with different degrees of intensity; it may be intermittent in the first instance, and alternate with delirium; but it becomes permanent previous to death.

The tuberculous affection of the cerebral membranes has several distinct periods of development. It first appears as transparent granulations in the meshes of the pia mater, which afterwards become yellow. In this condition they do not give rise to any pathognomonic symptoms; sooner or later, however, a fresh deposition of granulation takes place, and extends to the space in which the cerebral nerves take their origin. The interior of the ventricles likewise becomes affected by contiguity, and the hydrocephalic action thereby established induces a disturbance of the cerebral functions, with serous infiltration and softening of the central

* *Journal für Kinderkrankheiten*, Dec., 1845.